MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9479) 191

CERTIFICATE OF DEATH

09484 Reg. Dist. No. 170

1. PLACE OF DEATH:
COUNTY Balto. Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City X
LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 864 MacLeer Court

3. NAME OF DECEASED: (First) LAURA (Middle) M. (Last) BORNHORN
4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 19 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: May
9. AGE last birthday: about 80 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Shaffer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Edward Abbey -1100 Beech Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic C V disease — 7

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

422.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to Oct. 21, 1954, that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE Wm A Korthuer M. D. ADDRESS Westminster Md DATE SIGNED 10/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 10/25/54
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR October 23, 1954
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR: Wm. J. Tichnor & Sons ADDRESS Balto 17 Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09480

09485 CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Ellicott City
LENGTH OF STAY (in this place): 2 yrs 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 5101 Harford Road

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) K (Last) Geiss

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Oct 2, 1881 (?)	74 or 73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	U.S.

13. FATHER'S NAME: Henry Schulz

14. MOTHER'S MAIDEN NAME: Mary List

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. Julia Kinstendorff, 2913 Echodale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
332 X Immediate cause	(a) Cerebral Thrombosis	17 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cerebral arteriosclerosis	6 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to cerebral arteriosclerosis 4 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 8, 19 52 to Oct 14, 19 54, that I last saw the deceased alive on Oct 14, 19 54, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Taylor	MD	Taylor Manor Hospital, Ellicott City, Md.	10/14/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-16-1954	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-15-54	[signature]	Leonard J. Ruck	5305 Harford Road #14

12087

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Poplar Springs
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Poplar Springs
STREET ADDRESS (If rural, give location) Rural-- Mt/ Airy

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) Steven (Last) HERBERT
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 6-20-1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James H. Herbert
14. MOTHER'S MAIDEN NAME: Sarah E. Warfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Lavinia Fluheart, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Bengtson
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/12/1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 10-13-1954
NAME OF CEMETERY OR CREMATORY Poplar Springs
LOCATION (City, town, or county) (State) Howard Co., Maryland
DATE REC'D BY LOCAL REG. 3/21/55
REGISTRAR'S SIGNATURE E. Pearl Mercer
24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Maryland

RECEIVED
MAR 22 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09481

09486 - CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ELLICOTT CITY
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 ORCHARD DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY 3 Vol. 4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 30
STREET ADDRESS (If rural give location) 719 McHENRY ST

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) ENZY (Last) LOWMAN

4. DATE OF DEATH: (Month) OCTOBER (Day) 12 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 4 MAY 1870

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LODGE SHORT

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: 212-09-2335

17. INFORMANT & ADDRESS: Helen GILLINGHAM - ELLICOTT CITY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO MYOCARDIAL INFARCTION — Interval Between Onset And Death: 10 DAYS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO GENERALIZED ARTERIOSCLERISIS
(c)

(260X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. LA. GRIPPE DIABETESE MELLITUS

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCTOBER, 1953, to OCTOBER, 1954, that I last saw the deceased alive on 12 OCT, 1954, and that death occurred at 8:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Gisleau — ADDRESS Elkridge md — DATE SIGNED 13 oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 16/54 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Fredrick Rd — (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-15-54 — REGISTRAR'S SIGNATURE Dr Wedgwood

24. FUNERAL DIRECTOR Chas. W. Kackenbach — ADDRESS 703 McHenry St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9482

09487 CERTIFICATE OF DEATH Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) HIGHLAND
LENGTH OF STAY (in this place) 9 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HOWARD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HIGHLAND
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) REILLY (Last) MARTIN

4. DATE OF DEATH: (Month) OCT (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 17, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): CLEVELAND, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN REILLY

14. MOTHER'S MAIDEN NAME: MARY LAVELLE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: WALTER REILLY, CLEVELAND OHIO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema & acute circulatory failure — Interval Between Onset And Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic myocardial failure — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism — 6 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1954, to 10/5, 1954, that I last saw the deceased alive on 10/5, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS CLARKSVILLE MD. DATE SIGNED 10/8/54

23. BURIAL, CREMATION, REMOVAL* (Specify) Burial

DATE THEREOF 10/11/54

NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY

LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REGISTRAR 10/8/54

REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR P.J. SAFFELL

ADDRESS 475 H. STREET N.W. WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1954
BUREAU V. S.

09488 Item 7, Filing 173 11-23-54 et

09483 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Rt.1 200 yards north Rt. 32

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 602 S.Smallwood St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CALVIN LEROY SCOTT

4. DATE OF DEATH (Month) (Day) (Year) 10-17-54 19

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 11, 1936

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Marvin Scott

14. MOTHER'S MAIDEN NAME: Pearl Fincham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30-5435

17. INFORMANT & ADDRESS: Marvin Scott, 155 S. Fulton Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound fracture of skull with severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Savage (County) Howard (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-17-54 2P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Car failed to negotiate turn and turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Charles S. Whitaker, M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/19/54

NAME OF CEMETERY OR CREMATORY Savage Cemetery

LOCATION (City, town, or county) Savage, (State) Maryland

DATE REC'D BY LOCAL REG. 10-19-54

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

JST

09439

Item 18 Film G173 11-17-54 amg Items 7,8 Film G173 11-23-54 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1948

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

1. PLACE OF DEATH:
COUNTY Howard County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3500 14th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Creo (Last) STEELE

4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1876 (1886)

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Writer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Steele

14. MOTHER'S MAIDEN NAME: Susan Sorsby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Betty Sanders, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Purulent cystitis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple traumatic injury including fracture of left humerus

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Washington, D.C. (County) (State)

21d. TIME OF INJURY (Month) 9-28-54 (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by auto -unknown driver

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Gruber M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 10-22-54

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) Prince George Co. (State) Maryland

DATE REC'D BY LOCAL REG. 10-19-54

REGISTRAR'S SIGNATURE John B. Leighton. Per B.E.L.

24. FUNERAL DIRECTOR ADDRESS S. H. Hines. Co. 2901 14th St. N.W. Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.